Bureau of Health Care Quality & Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVN556S | A. BUILDING _____ B. WING _____ | C 12/01/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HEARTHSTONE OF NORTHERN NEVADA | 1950 BARING BLVD SPARKS, NV 89434 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Z 000 | Initial Comments<br><br>Surveyor: 13812<br><br>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 12/1/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.<br><br>Complaint #NV00023605 was substantiated with deficiencies cited. (See Tag Z310)<br><br>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.<br><br>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. | Z 000 | | |
| Z310 SS=D | NAC449.74493 Notification of Changes or Condition<br><br>1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when:<br>(a) The patient has been injured in an accident and may require treatment from a physician; | Z310 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Z310 | Continued From page 1<br>(b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life;<br>(c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment;<br>(d) The patient will be transferred or discharged from the facility;<br>(e) The patient will be assigned to another room or assigned a new roommate; or<br>(f) There is any change in federal or state law that affects the rights of the patient.<br>This Regulation is not met as evidenced by:<br>Surveyor: 13812<br>Based on record review and interview, the facility failed to contact the resident's legal guardian prior to changing the code status from a full code as designated by the legal guardian to a do not resuscitate for 1 of 3 residents. (Resident #1)<br><br>Severity: 2 Scope: 1 | Z310 | | |